STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Grant County Review		2. DATE: 9.14.2024
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: $40 and $50
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 390, Milbank, SD 57252		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 390, Milbank, SD 57252		
6. FULL NAME OF PUBLISHER: Grant County Review Inc.		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: Grant County Review Inc. COMPLETE MAILING ADDRESS: PO Box 390, Milbank, SD 57252		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	3000	3000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	417	442
2. Mail Subscription (Paid and or requested)	2150	2129
3. Paid Electronic Copies	200	187
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	2767	2753
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	51	51
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	2	2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	2820	2806
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	17	24
2. Return from News Agents	163	170
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	3000	3000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Halli Seehafer — (Signature)

Owner — (Title) — 9-14-24

State of South Dakota)
§
County of _____)

Sworn to before me this 14 day of Sept, 20 24

Ashlie Schweitzer
Notary Public

My commission expires: September 21, 2027

(Seal)

ASHLIE SCHWEITZER
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA